



DEQ VALLEY

MAR 02 2015

To: _____
Date: _____

February 19, 2015


Ms. Megan O'Gorek
Department of Environmental Quality
Valley Regional Office
4411 Early Road
P.O. Box 3000
Harrisonburg, VA 22801

Re: Permit renewal application VA 0088994
Harrisonburg/Shenandoah Valley KOA

Dear Ms. O'Gorek,

Enclosed please find the VPDES permit application for the above referenced permittee. Should you have questions, or require additional information, please contact me at 540-825-6660.

Best regards,


Valeria Compton
Administrative Assistant

Cc: Mr. John Hucul, Owner

MAR 02 2015

VPDES Permit Application Addendum

To: _____

Date: _____

1. Entity to whom the permit is to be issued: Harrisonburg/Shenandoah Valley KOA
Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.

2. Is this facility located within city or town boundaries? ☐ YES ☒ NO
 Include a topographic map identifying the location of the facility, the property boundaries, and the discharge point.

3. What is the tax map parcel number for the land where this facility is located? 83-(A)-L18A

4. For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities? N/A

5. ALL FACILITIES: What is the design average flow of this facility? 0.010 MGD
 Industrial facilities: What is the maximum 30-day avg. production level (include units)? _____

In addition to the above design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? ☐ YES ☒ NO

If "Yes", please specify the other flow tiers (in MGD) or production levels: _____
 Please consider: Is your facility's design flow considerably greater than your current flow? Do you plan to expand operations during the next five years? _____

6. Nature of operations generating wastewater:
Camp Ground

100 % of flow from domestic connections sources
 Number of private residences to be served by the wastewater treatment facilities: ☒ 0 ☐ 1-49 ☐ 50 or more

0 % of flow from non-domestic connections sources

7. Mode of discharge: ☒ Continuous ☐ Intermittent ☐ Seasonal
 Describe frequency and duration of intermittent or seasonal discharges: _____

8. Identify the characteristics of the receiving stream at the point just above the facility's discharge point:
☒ Permanent stream, never dry
☐ Intermittent stream, usually flowing, sometimes dry
☐ Ephemeral stream, wet-weather flow, often dry
☐ Effluent-dependent stream, usually or always dry
☐ Lake or pond at or below the discharge point
☐ Other: _____

9. Consent to receive electronic mail

The Department of Environmental Quality (DEQ) may deliver permits, certifications and plan approvals to recipients, including applicants or permittees, by electronically certified mail where the recipients notify DEQ of their consent to receive mail electronically (§ 10.1-1183). Check *only one* of the following to consent to or decline receipt of electronic mail from DEQ as follows:

- ☒ Applicant or permittee agrees to receive by electronic mail the permit and any plan approvals associated with the permit that may be issued for the proposed pollutant management activity, and to certify receipt of such electronic mail when requested by the DEQ.
 Please provide email: huculj@yahoo.com

- ☐ Applicant or permittee declines to receive by electronic mail the permit and any plan approvals associated with the permit that may be issued for the proposed pollutant management activity.

MAR 02 2015

To: _____

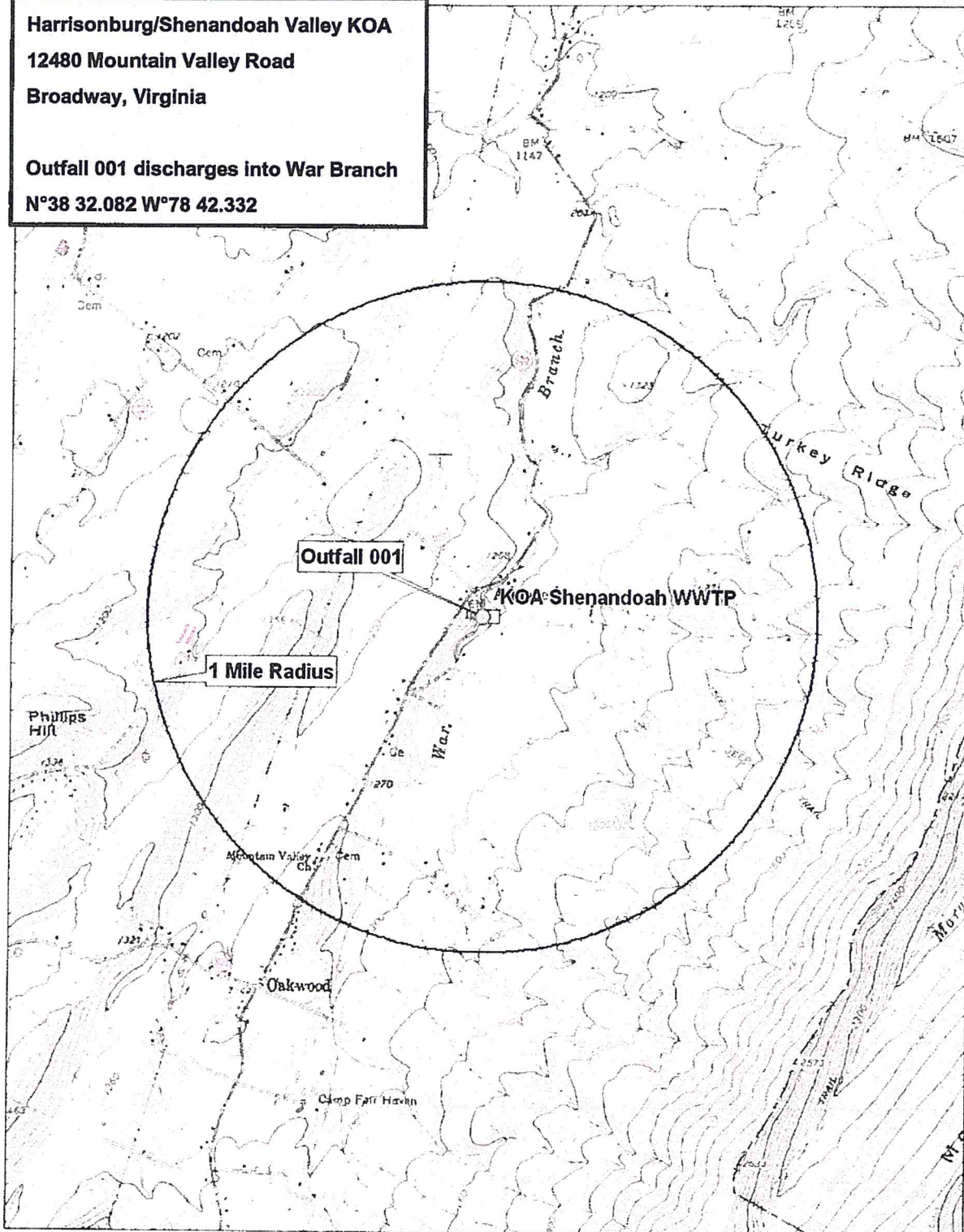
Date: _____

DELOME

XMap# 7

Harrisonburg/Shenandoah Valley KOA
12480 Mountain Valley Road
Broadway, Virginia

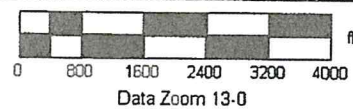
Outfall 001 discharges into War Branch
N°38 32.082 W°78 42.332



Data use subject to license

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DEQ VALLEY

MAR 02 2015

**VPDES/VPA Permit Billing Information Form
for Annual Maintenance Fee**

To: _____

Date: _____

Facility Name: Harrisonburg/Shenandoah Valley KOA

Permit Number: VA0088994

Owner Name: Mr. John Hucul

Owner Address: 12480 Mountain Valley Road

Broadway, VA 22815

Billing Contact Name: Mr. John Hucul

Title: Owner

Phone Number: 540-896-8929

E-Mail Address: huculj@yahoo.com

DEQ VALLEY

MAR 02 2015

To: _____
Date: _____

PUBLIC NOTICE BILLING INFORMATION

I hereby authorize the Department of Environmental Quality to have the cost of publishing a public notice billed to the Agent/Department shown below. The public notice will be published once a week for two consecutive weeks in The Daily News Record in accordance with 9 VAC 25-31-290.C.2.

Agent/Department to be billed: Harrisonburg/Shenandoah Valley KOA

Owner: Mr. John Hucul

Agent/Department Address: 12480 Mountain Valley Road, Broadway, VA 22815

Agent's Telephone No.: _____

Printed Name: John Hucul

Authorizing Agent – Signature: *John A. Hucul*

Date: 2/26/15

Facility Name: Harrisonburg/Shenandoah Valley KOA

VPA Permit No. VPA VA0088994

MAR 02 2015

VPDES Sewage Sludge Permit Application for Permit Reissuance To: _____

Instructions

Date: _____

WHO MUST SUBMIT THE APPLICATION - All facilities with a current VPDES Permit that authorizes the discharge of treated sewage wastewater that are applying for reissuance must complete and submit this application.

Part 1 is general information to be provided by all facilities.

Part 2 must be completed by all facilities that generate Class A or Class B biosolids that are land applied.

Part 3 must be completed by all facilities that land apply Class B biosolids.

Part 1 - Sludge Disposal Management (To be completed by all facilities)

Facility Name: Harrisonburg/Shenandoah KOAVPDES Permit No: VA0088994

1. Shipment Off Site for Treatment or Blending

Is sewage sludge from your facility sent to another facility that provides treatment or blending?

☒ Yes ☐ No

If you send sewage sludge to more than one facility, attach additional sheets as necessary.

Shipment off site is: ☒ The primary method of sludge disposal ☐ A back up method of sludge disposal

- Receiving Facility Name Harrisonburg Rockingham Regional Service Authority
- Receiving Facility VPDES Permit No. VA0060640
- Include an acceptance letter from the Receiving Facility.
- Receiving Facility's ultimate disposal method for sewage sludge _____

2. Disposal in a Municipal Solid Waste Landfill

Is sewage sludge from your facility placed in a municipal solid waste landfill?

☐ Yes ☒ No

If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary.

Landfilling is: ☐ The primary method of sludge disposal ☐ A back up method of sludge disposal

- Landfill Name _____
- Landfill Permit No. _____
- Include an acceptance letter from the landfill.

3. Incineration

Is sewage sludge from your facility fired in a sewage sludge incinerator?

☐ Yes ☒ No

Incineration is: ☐ The primary method of sludge disposal ☐ A back up method of sludge disposal

- Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired? ☐ Yes ☒ No
If yes, provide the Air Registration No. _____
- If no, complete items b - d for each incinerator that you do not own or operate.

- Facility Name _____
- Air Registration No. _____
- Include an acceptance letter from the Incinerator.

4. Class A Biosolids

Do you produce Class A biosolids for land application or distribution and marketing? If yes, complete Part 2.

☐ Yes ☒ No

Are Class A biosolids from your facility land applied in bulk?

☐ Yes ☒ No

Do you sell or give away Class A biosolids in a bag or other container for application to the land? If yes, provide the VDACS certification number? _____

☐ Yes ☒ No

5. Class B Biosolids

Do you produce Class B biosolids? If yes, complete Part 2.

☐ Yes ☒ No

Are Class B biosolids from your facility land applied under the authorization of this VPDES Permit? If yes, complete Part 3.

☐ Yes ☒ No

6. Land Application Under a Separate Permit

Are biosolids from your facility land applied under the authorization of a permit other than your VPDES Permit?

☐ Yes ☒ No

Biosolids are land applied under the authorization of a ☐ VPA permit ☐ Another VPDES Permit ☐ Out of State

Complete items a - c for each VPA permit authorized to land apply biosolids from your facility.

- Permittee Name _____
- Permit No. _____

- Include copy of any information you provide to the Receiving VPDES or VPA Permittee to comply with the "notice and necessary information" requirement of 9VAC25-31-530 F.

MAR 02 2015

VPDES Sewage Sludge Permit Application for Permit Reissuance

To: _____

Date: _____

N/A

Part 2 – Biosolids Characterization (To be completed by all facilities that generate biosolids that are land applied.)

1. Have there been changes to sludge treatment processes or storage facilities since the previous permit issuance/reissuance? ☐ Yes ☐ No
2. Do the biosolids generated under this permit that will be land applied meet one of the Class A pathogen requirements in 9VAC25-31-710 A 3 through A 8 or Class B pathogen requirements in 9VAC25-31-710 B 1 through B 4? ☐ Yes ☐ No
Identify the pathogen reduction option utilized to demonstrate compliance with the pathogen reductions requirements and provide the data that demonstrate compliance with the applicable alternative. _____
3. Do the biosolids generated under this permit that will be land applied meet one of the vector attraction reduction requirements in 9VAC25-31-720 B 1 through B 10? ☐ Yes ☐ No
Identify the vector attraction reduction option utilized to demonstrate compliance with the vector attraction reductions requirements and provide the data that demonstrate compliance with the applicable alternative. _____
4. Do the biosolids to be land applied meet the ceiling/pollutant concentrations in 9VAC25-31-540 B? ☐ Yes ☐ No
5. Has data from the most recent 3 samples for pH (S.U.), Percent Solids (%), Ammonium Nitrogen (mg/kg), Nitrate Nitrogen (mg/kg), Total Kjeldahl Nitrogen (mg/kg), Total Phosphorus (mg/kg), Total Potassium (mg/kg), Alkalinity as CaCO₃ (mg/kg), Arsenic (mg/kg), Cadmium (mg/kg), Copper (mg/kg), Lead (mg/kg), Mercury (mg/kg), Nickel (mg/kg), Selenium (mg/kg), Zinc (mg/kg) been submitted to DEQ? The samples shall be no more than 4 years old and each sampling date shall be at least 1 month apart. ☐ Yes ☐ No
If no, provide the data with this application. _____

Part 3 – Land Application of Class B Biosolids (To be completed by all facilities that land apply Class B biosolids.) N/A

1. Provide to DEQ and to each locality in which biosolids are to be land applied, written evidence of financial responsibility. Evidence of financial responsibility shall be provided in accordance with 9VAC25-31-100 P 9.
2. For each site, provide a properly completed landowner agreement for each landowner, using the most current Land Application Agreement - Biosolids Form (VPDES Sewage Sludge Permit Application Form – Attachment to Section C).
3. Are any new land application fields proposed at this reissuance? ☐ Yes ☐ No
If yes, contact the DEQ Regional Office for additional submittal requirements.
4. For the currently permitted land application fields, are the previously submitted site booklets, maps and acreage accurate. ☐ Yes ☐ No
If no, contact the DEQ Regional Office for additional submittal requirements.
5. Does the facility's Biosolids Management Plan on file with DEQ include the following minimum information? ☐ Yes ☐ No
- An odor control plan that addresses the abatement of odors resulting from the storage and/or land application of biosolids.
 - A description of the transport vehicles to be used.
 - Procedures for biosolids offloading at the land application site including spill prevention, cleanup (including vehicle cleaning), field reclamation, and emergency notification and cleanup measures.
 - A description of the land application equipment including procedures for calibrating equipment to ensure uniform distribution and appropriate loading rates.
 - Procedures used to ensure that land application activities address notification requirements, signage requirements, slope restrictions, operation limitations during periods of inclement weather, soil pH requirements, buffer zone requirements, and site restrictions.
 - Any other information necessary to ensure compliance with the requirements of the Biosolids Program of the VPDES Permit Regulation (9VAC25-31-420 through 720).

Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and Official Title John Hucul, OwnerSignature Telephone number / Email (540) 896-8929 / huculj@yahoo.comDate signed 2/26/15

(Based on a review of this information, it may be necessary to submit additional information to meet other legal or technical review requirements.)



HRRSA
www.hrrsa.org

P.O. Box 8
856 North River Road
Mt. Crawford, VA 22841
PH(540) 434-1053 • FX(540) 434-5160

MEMBERS

Bridgewater • Dayton • Harrisonburg
Mt. Crawford • Rockingham Co.

DEQ VALLEY

February 19, 2015

Mr. John Hucul
Harrisonburg-Shenandoah Valley KOA Campground
12480 Mountain Valley Drive
Broadway, VA 22815

MAR 02 2015

To: _____

Date: _____

RE: Campground STP Sludge

Dear Mr. Hucul:

The Harrisonburg-Rockingham Regional Sewer Authority (HRRSA) will accept domestic wastewater treatment solids from the referenced facility in accordance with the following conditions:

- compliance with HRRSA's Operating Rules and Regulations & Waste Acceptance Regulations in effect at the time of transport
- referenced facility provides independent analytical data on the solids for approval prior to transport
- referenced facility provides certification that the material is "Non-Hazardous"
- payment of established treatment fees

The treatment of solids generated by "offsite sources" will be limited by operational and other considerations as necessary. We reserve the right to limit quantities and types of solids accepted.

Let me know if you have any questions.

Sincerely,

Anita Riggleman
Environmental and Safety Manager

c: Sharon Foley, HRRSA

FACILITY NAME AND PERMIT NUMBER:

Harrisonburg/Shenandoah Valley KOA VA0088994

Form Approved 1/14/99
OMB Number 2040-0086

FORM
2A
NPDES

NPDES FORM 2A APPLICATION OVERVIEW

APPLICATION OVERVIEW

Form 2A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form 2A you must complete.

BASIC APPLICATION INFORMATION:

- A. **Basic Application Information for all Applicants.** All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.
- B. **Additional Application Information for Applicants with a Design Flow ≥ 0.1 mgd.** All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.
- C. **Certification.** All applicants must complete Part C (Certification).

SUPPLEMENTAL APPLICATION INFORMATION:

- D. **Expanded Effluent Testing Data.** A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):
 - 1. Has a design flow rate greater than or equal to 1 mgd,
 - 2. Is required to have a pretreatment program (or has one in place), or
 - 3. Is otherwise required by the permitting authority to provide the information.
- E. **Toxicity Testing Data.** A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):
 - 1. Has a design flow rate greater than or equal to 1 mgd,
 - 2. Is required to have a pretreatment program (or has one in place), or
 - 3. Is otherwise required by the permitting authority to submit results of toxicity testing.
- F. **Industrial User Discharges and RCRA/CERCLA Wastes.** A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:
 - 1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
 - 2. Any other industrial user that:
 - a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
 - b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
 - c. Is designated as an SIU by the control authority.
- G. **Combined Sewer Systems.** A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)

DEQ VALLEY

MAR 02 2015

To: _____

Date: _____

FACILITY NAME AND PERMIT NUMBER:
Harrisonburg/Shenandoah Valley KOA VA0088994

Form Approved 1/14/99
OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

A.1. Facility Information.

Facility name Harrisonburg/Shenandoah Valley KOA

Mailing Address 12480 Mountain Valley Road
Broadway, VA 22815

Contact person John A. Hucul

Title Owner

Telephone number (540) 896-8929

Facility Address 12480 Mountain Valley Road
(not P.O. Box) Broadway, VA 22815

A.2. Applicant Information. If the applicant is different from the above, provide the following.

Applicant name Environmental Systems Service, Ltd.

Mailing Address 218 North Main Street
Culpeper, VA 22701

Contact person Donald F. Hearl

Title Vice President

Telephone number (540) 825-6660

Is the applicant the owner or operator (or both) of the treatment works?

☐ owner ☐ operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

☐ facility ☒ applicant

A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES VA0088994 PSD _____

UIC _____ Other _____

RCRA _____ Other _____

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total population served _____			

DEQ VALLEY

MAR 02 2015

To: _____

Date: _____

FACILITY NAME AND PERMIT NUMBER:

Harrisonburg/Shenandoah Valley KOA VA0088994

Form Approved 1/14/99
OMB Number 2040-0086

A.5. Indian Country.

- a. Is the treatment works located in Indian Country?

☐ Yes ☒ No

- b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

☐ Yes ☒ No

- A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

- a. Design flow rate
- 0.010
- mgd

	Two Years Ago	Last Year	This Year
b. Annual average daily flow rate	<u>0.0006</u>	<u>0.0005</u>	<u>0.001</u> mgd
c. Maximum daily flow rate	<u>0.013</u>	<u>0.013</u>	<u>0.013</u> mgd

- A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

☒ Separate sanitary sewer 100 %

☐ Combined storm and sanitary sewer %

A.8. Discharges and Other Disposal Methods.

- a. Does the treatment works discharge effluent to waters of the U.S.?

☒ Yes ☐ No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent 1

ii. Discharges of untreated or partially treated effluent 0

iii. Combined sewer overflow points 0

iv. Constructed emergency overflows (prior to the headworks) 0

v. Other

- b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.?

☐ Yes ☒ No

If yes, provide the following for each surface impoundment:

Location: Annual average daily volume discharged to surface impoundment(s) mgdIs discharge ☐ continuous or ☐ intermittent?

- c. Does the treatment works land-apply treated wastewater?

☐ Yes ☒ No

If yes, provide the following for each land application site:

Location: Number of acres: Annual average daily volume applied to site: MgdIs land application ☐ continuous or ☐ intermittent?

- d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works?

☐ Yes ☒ No

DEQ VALLEY

MAR 02 2015

To: Date:

FACILITY NAME AND PERMIT NUMBER:

Harrisonburg/Shenandoah Valley KOA

VA0068994

Form Approved 1/14/99
OMB Number 2040-0086

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

If transport is by a party other than the applicant, provide:

Transporter name: _____

Mailing Address: _____

Contact person: _____

Title: _____

Telephone number: _____

For each treatment works that receives this discharge, provide the following:

Name: _____

Mailing Address: _____

Contact person: _____

Title: _____

Telephone number: _____

If known, provide the NPDES permit number of the treatment works that receives this discharge. _____

Provide the average daily flow rate from the treatment works into the receiving facility. _____

mgd

- e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)?

_____ Yes

_____ ☒ No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable)

Annual daily volume disposed of by this method: _____

Is disposal through this method _____

continuous or _____

intermittent?

DEQ VALLEY

MAR 02 2015

To: _____

Date: _____

FACILITY NAME AND PERMIT NUMBER:

Harrisonburg/Shenandoah Valley KOA VA0088994

Form Approved 1/14/99
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WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9. Description of Outfall.

- a. Outfall number 001
- b. Location Broadway 22815
(City or town, if applicable) (Zip Code)
Rockingham Virginia
(County) (State)
N38°32.082 W78°42.332
(Latitude) (Longitude)
- c. Distance from shore (if applicable) _____ ft.
- d. Depth below surface (if applicable) _____ ft.
- e. Average daily flow rate _____ mgd
- f. Does this outfall have either an intermittent or a periodic discharge? _____ Yes ☒ No (go to A.9.g.)
- If yes, provide the following information:
- Number of times per year discharge occurs: _____
- Average duration of each discharge: _____
- Average flow per discharge: _____ mgd
- Months in which discharge occurs: _____
- g. Is outfall equipped with a diffuser? _____ Yes ☒ No

A.10. Description of Receiving Waters.

- a. Name of receiving water War Branch
- b. Name of watershed (if known) North Fork Shenandoah
- United States Soil Conservation Service 14-digit watershed code (if known): Unknown
- c. Name of State Management/River Basin (if known): Potomac
- United States Geological Survey 8-digit hydrologic cataloging unit code (if known): Unknown
- d. Critical low flow of receiving stream (if applicable):
acute N/A cfs chronic N/A cfs
- e. Total hardness of receiving stream at critical low flow (if applicable): N/A mg/l of CaCO₃

DEQ VALLEY

MAR 02 2015

To: _____
Date: _____

FACILITY NAME AND PERMIT NUMBER:

Harrisonburg/Shenandoah Valley KOA VA0088994

Form Approved 1/14/99
OMB Number 2040-0086

A.11. Description of Treatment.

a. What levels of treatment are provided? Check all that apply.

☐ Primary☒ Secondary☐ Advanced☐ Other. Describe: _____

b. Indicate the following removal rates (as applicable):

Design BOD₅ removal or Design CBOD₅ removal 90 %

Design SS removal 90 %

Design P removal 10 %

Design N removal 50 %

Other _____ %

c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe

Tablet Chlorination

If disinfection is by chlorination, is dechlorination used for this outfall?

☒

Yes

☐

No

d. Does the treatment plant have post aeration?

☐

Yes

☒

No

A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 001

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	1.90	s.u.			
pH (Maximum)	8.60	s.u.			
Flow Rate	0.013	MGD	0.001	MGD	365
Temperature (Winter)	18.5	deg. C	9.5	deg. C	357
Temperature (Summer)	24.2	deg. C	16.9	deg. C	357

* For pH please report a minimum and a maximum daily value

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		

CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.

BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD-5	20	mg/L	8	mg/L	12	SM5210	2 mg/L
	CBOD-5							
FECAL COLIFORM E. Coli		86.0	N/CML	10.41	N/CML	24	SM9222D	1 N/CML
TOTAL SUSPENDED SOLIDS (TSS)		18	mg/L	8.58	mg/L	12	SM2540D	1 mg/L

END OF PART A.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

DEQ VALLEY

MAR 02 2015

To: _____

FACILITY NAME AND PERMIT NUMBER:

Harrisonburg/Shenandoah Valley KOA VA0088994

Form Approved 1/14/99
OMB Number 2040-0066

BASIC APPLICATION INFORMATION

PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).

All applicants with a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).

B.1. Inflow and Infiltration. Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.

_____ gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

B.2. Topographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.)

- The area surrounding the treatment plant, including all unit processes.
- The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.
- Each well where wastewater from the treatment plant is injected underground.
- Wells, springs, other surface water bodies, and drinking water wells that are 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.
- Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.
- If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

B.3. Process Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g., chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.

B.4. Operation/Maintenance Performed by Contractor(s).

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? ☐ Yes ☐ No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: _____

Mailing Address: _____

Telephone Number: _____

Responsibilities of Contractor: _____

B.5. Scheduled Improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

- a. List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

- b. Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

☐ Yes ☐ No

DEQ VALLEY

MAR 02 2015

To: _____

Date: _____

FACILITY NAME AND PERMIT NUMBER:

Harrisonburg/Shenandoah Valley KOA VA0088994

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- c. If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

- d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

Implementation Stage	Schedule MM / DD / YYYY	Actual Completion MM / DD / YYYY
- Begin construction	___/___/___	___/___/___
- End construction	___/___/___	___/___/___
- Begin discharge	___/___/___	___/___/___
- Attain operational level	___/___/___	___/___/___

- e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ☐ Yes ☐ No
Describe briefly: _____

B.6. EFFLUENT TESTING DATA (GREATER THAN 0.1 MGD ONLY).

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall Number: _____

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.							
AMMONIA (as N)							
CHLORINE (TOTAL RESIDUAL, TRC)							
DISSOLVED OXYGEN							
TOTAL KJELDAHL NITROGEN (TKN)							
NITRATE PLUS NITRITE NITROGEN							
OIL and GREASE							
PHOSPHORUS (Total)							
TOTAL DISSOLVED SOLIDS (TDS)							
OTHER							

END OF PART B.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

DEQ VALLEY

MAR 02 2015

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BASIC APPLICATION INFORMATION

PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:

☒ Basic Application Information packet

Supplemental Application Information packet:

☐ Part D (Expanded Effluent Testing Data)☐ Part E (Toxicity Testing: Biomonitoring Data)☐ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)☐ Part G (Combined Sewer Systems)

ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title John A. Hucul, Owner

Signature

Telephone number (540) 896-8929

Date signed

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

DEQ VALLEY

MAR 02 2015

To: _____

Date: _____